

CR
G

CAMPAIGN FINANCE DIVISION

☒ WAIVER REQUEST
☐ RECONSIDERATION REQUEST

DATE: 9/28/2021
DOCKET #:

FILER INFORMATION

Name: Wilfred "PJ" Allridge, III
Office: Council Member, District 2
Parish: TERREBONNE
Election Date: 10/12/2019
Level of Office: Any

226 Columbus St.
Houma, La 70360-4204

REPORT INFORMATION

Name of Report: 10-P
Original Due Date: 10/2/2019
Date Filed: 5/11/2020
Activity Receipts: \$-0
Expenditures: \$150.00
Funds at Close of Reporting Period: \$3.00

LATE FEE INFORMATION

Amount of Late Fee: \$1000
Days Late: 222
Late Fee Order Received: 8/28/2020
Payment/Waiver Request Due Date: 9/17/2020
Waiver Request Received: 8/28/2020
Additional Information Requested:
- Medical
XX - Financial
- Other

COMMENTS: Wilfred Allridge, III, request a wavier and states the following: This was his first time running for office and had no knowledge his campaign had to fill out reports. Also, he is requesting a financial hardship because he is not in a good financial position to pay these fines.

OTHER LATE FEE INFORMATION

Campaign Finance:

Other Outstanding Reports: No
Other Outstanding Late Fees: No
Prior Late Fees: Yes
Reassessed Late Fees: No

Disclosure Statements:

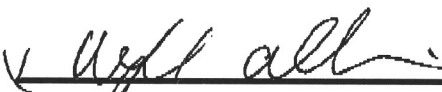
Other Outstanding Late Fees: No
Prior Late Fees: No

The Campaign of Wilfred "PJ" Allridge

Ethics Administration
P.O. Box 4368
Baton Rouge, LA 70821

To whom it may concern

I, Wilfred Allridge, am writing this letter requesting a waiver of late fees for my candidate report's because it was my first time running for office no knowledge my campaign had to fill out. I also would like to request a hardship because I am not in a good financial position to these fines and fees.

A handwritten signature in cursive script, appearing to read "Wilfred Allridge", is written over a horizontal line.

Wilfred Allridge

Candidate



Unknown @Port 9100

08/28/2020 4:00 PM

Start Page

Xerox® VersaLink™ B405DN Multifunction Printer



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

August 31, 2020

Mr. Wilfred "PJ" Allridge, III
226 Columbus St.
Houma, LA 70360-4204

RE: Ethics Board Docket No.: 2020

Dear Mr. Allridge:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the October 12, 2019 election. You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the October 12, 2019 election.

If you are requesting a financial hardship and would like the Board to consider your financial situation you must provide documentation verifying your claim. Please complete the enclosed financial form and provide your most recent income tax returns. The information you provide will only be reviewed by the Ethics Board.

Please submit the documentation to the above address by **October 5, 2020**.

Sincerely,

Melissa Horn

Docket ID: 2020-

Financial Statement for _____ (Filer Name)

Married: ☐ Yes ☐ No

Spouse's name (if applicable): _____

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature

Date

MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for _____ (Filer Name)

Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
Total Monthly Income		

Monthly Household Expenses

Expense Type	Monthly Amount
Housing (mortgage or rent)	
Vehicle (loan or lease)	
Public Transportation Costs	
Health Insurance	
Court-ordered expenses	
Student loans	
Other Loans - provide description	
Utilities	
Food, personal products, etc.	
Childcare	
Other Expenses (Provide Description)	
Total Monthly Expenses	